Exhibit 1

CASE 0:16-cv-03701-DSD-BRT Document 1-1 Filed 10/27 Rage 2 of 4



RDPHMS01 PO Box 1022

Wixom MI 48393-1022

ADDRESS SERVICE REQUESTED



October 7, 2015

Our Acct. #:

that purpose.

PA01 701244453

այիրիարիալիանիկին հենիին անրելին արկելի

Craig Borchardt PO BOX 17370 SAINT PAUL MN 55117-0370 PHOENIX MANAGEMENT SYSTEMS
PO Box 3972
Minneapolis MN 55403-0972

Balance Due: \$189.89 Client Acct. #: 6A Unit Number: N43

Past Due Balance

Detach Upper Portion And Return With Payment

RE: Consulting Radiologists,ltd.

Principal:

Interest: \$0.00

Balance: \$18

\$189.89

\$189.89

This is a communication from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment, if any, and mail you a copy of such judgment or verification. If you request from this office, in writing, within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please send payment in full. Our envelope is enclosed for your convenience.

This collection agency is licensed by the Minnesota Department of Commerce.

If our client requests we may report your account to the credit bureau thirty days after the date of this notice.

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Make a payment and view your account by logging on to our secure server at www.paiditonline.com. Enter your assigned username and password. If you have any questions call us at 888-789-4100.

Username:

24

Password:

T4

For credit card payments of \$50.00 or more, fill out the information below and return the entire letter to us.





Card Holder Name

Signature of Card Holder

Date

IRDPHMS04PA01

Exhibit 2

CASE 0:16-cv-03701-DSD-BRT Document 1-1 Filed 10/27/16 Page 4 of 4

Craig Borchardt PO Box 17370 Lot #1410 Saint Paul, MN 55117

October 16, 2015

Phoenix Management Systems PO Box 3972 Minneapolis, MN 55403

Your account numbers 7 3A and 3 6B

I am writing to dispute the validity of the above referenced debt. I have no knowledge of receiving any services from your client, Consulting Radiologists, ltd. This is the first I've heard from you, or any other company on this matter.

On your letter dated October 7, 2015 (enclosed), my address is incomplete. Please note that "Lot #1410" is a required portion of my address. Many computers omit it causing issues with delivery. The postal service will regularly returns mail lacking it and other times delivers it at their discretion. In the case of this letter, they delivered it with about a week delay.

Please provide full verification including detailed copies of any bills and reports so a determination can be made as to the validity of this claim. Should I find the claim to be valid, it will be promptly paid. As I am disputing this debt, you should not report it to the credit reporting agencies. Outside of the response I have requested, I demand that you cease any further debt collection communication with me and provide the original creditor a copy of this letter.

I look forward to resolving this matter,

Very truly yours,

Craig Borchardt